

**EXHIBIT B**

Seyfarth Shaw LLP

**MEDICAL RECORD CERTIFICATION**

JUN 02 2006

"I hereby certify, pursuant to General Laws, Chapter 233, Section 79G, that I am the treating physician or an authorized representative and that the enclosed medical records are true and accurate to the best of my knowledge and belief."

Signed under the pains and penalties of perjury this 31<sup>st</sup> day of May, 2006.

Keeper of Records for:  
Community Care Service Counseling Center

Janis A. Beecher *Medical Records*  
(Signature)

JANIS A. BEECHER  
(Print Name)

☐ Transfer☒ Discharge

Summary

☐ Brief S

Client

Date treatment began

3/13/03  
5/7/03

Date last seen

4/24/03

Number of visits

☒ 1-4 ☐ 5-10 ☐ 11-20 ☐ 20+

Devine, Christopher

DOB: 11/03/80

#05365926

## Goals

1. To report mood stability  
w/ absence of paranoia
- 2.
- 3.
- 4.
- 5.

## Goal Achievement

Deteriorated	No Change	Partially Met	Substantially Met
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Most effective treatment strategies/modalities

☒ Ind. ☐ Group ☐ Family ☐ Couples ☐ Psycho-ed. ☐ Milieu☐ Other☐ Check if client is currently taking psychotropic medications

## Current Status

Employment: ☒ Unemployed ☐ Working part-time ☐ Working full-time ☐ Disabled ☐ N/A

Education: ☒ In school ☐ Not in school ☐ N/A

Legal: ☒ None ☐ Yes (explain)

Sobriety: ☒ No use ☐ Problem use ☐ Unknown ☐ N/A

Other relevant issues

## Current Diagnosis

Axis I Code 2989

Name

Psychotic Disorder, NOS

Axis II Code

Name

Axis III

HIV +

Axis IV

School problem

Axis V GAF at Intake 40

Current GAF 60

## Reason for Transfer/Discharge: (Check all that apply)

- ☐ 1. Treatment goals substantially met and/or client's condition sufficiently stable to be maintained without outpatient care.
- ☒ 2. Client is no longer making progress toward treatment goals and there is no reasonable expectation of progress.
- ☒ 3. Client is no longer motivated or willing to comply with treatment plans, despite all efforts by therapist to reengage.
- ☐ 4. Client moved.
- ☐ 5. If exhaustion of benefits is a reason for termination, was extension of benefits requested? ☐ Yes ☐ No
- Was extension authorized? ☐ Yes ☐ No Is client at risk for self-harm or of harming others? ☐ Yes ☐ No
- ☐ 6. Client can no longer be effectively treated with outpatient care and must be transferred to a more intensive level of care.
- ☐ 7. Other (specify)

Disposition, follow-up plans, referrals. To whom transferred or referred:

If client dropped out of treatment without notice, describe documented efforts to contact client to obtain participation in treatment and to provide appropriate follow-up plans. ☐ Letter sent, copy in chart ☐ Phone calls documented in chart

☐ Other

All other appropriate providers, internal and external, have been advised of Transfer or Discharge, including DMH if relevant. (specify):

Clinician Signature

Degree

Date

John S. Nichols PhD

6-19-03